

**Palm Beach County
Office of Equal Business Opportunity
Subcontracting Goal – Waiver Request Form**

PROJECT NAME:		DATE:	
COMPANY NAME:		CONTACT NO.:	
CONTACT PERSON:		CONTACT EMAIL:	

In the sections below, points will ONLY be awarded if the firm has fully satisfied the criteria. More information regarding Subcontracting Goal-Waiver Request Evaluation Criteria. Contractors/Consultants must obtain a total of **80 or more points** to receive a waiver approval. Vendor Directory is accessible through the Office of Equal Business Opportunity website <https://www.pbcgov.org/pbcvendors>.

PART I: Sufficient Commercially Useful Work Identified to Meet Subcontracting Goal **Points: _____**

Please provide documentation and supporting evidence to show how the criteria was fulfilled. **15 points possible:**

- List the specific scope of work identified for each of the S/M/WBEs contacted
- Ensure the scope of work identified for S/M/WBEs is greater than or equal to the subcontracting goal(s)
- Additional comments, if any

PART II: Initial Communications to Potential S/M/WBE Subcontractors Using EBO Portal / Website Posting of Subcontractor Solicitations/Outreach Efforts **Points: _____**

Please provide documentation and supporting evidence to show how the criteria was fulfilled. **40 points possible:**

- Contact at least three (3) S/M/WBEs in the EBO Vendor Directory for each scope of work identified to be subcontracted in Part I (emails/call logs/fax), one (1) week prior to pre-bid meeting date.
- Include current documentation of searches from the EBO Vendor Directory.
- Notify S/M/WBEs within at least 2 (two) weeks prior to the bid opening date, using at least three (3) digital media outlets (e.g. website, newspaper, trade association, publication, minority focus media)
- Additional comments, if any

PART III: Follow-up Communications & Bid Negotiations with Potential Subcontractors **Points: _____**

Please provide documentation and supporting evidence to show how the criteria was fulfilled. **30 points possible:**

- Promptly follow-up with S/M/WBEs after the initial solicitation at least 2 (two) weeks prior to the bid opening date, during normal business hours by telephone, email, or fax.
- Include a written statement with contact information on all subcontractors contacted to include the following:
 - Name of the subcontractor/firm and the contact person(s)
 - Telephone and Email address
 - Scope of work the subcontractor indicated they would perform
 - Notes regarding the outcome of the contact
 - Dates of contact and Dates of Negotiations

- The negotiated price
- Bids received from subcontractors that could provide a commercially useful function
- Additional comments, if any

PART IV: Attendance at Pre-Bid Meeting

Points: _____

County staff maintains documentation regarding attendance at the pre-bid meeting.

5 points possible:

- Below list the individuals from your staff/firm that attended the pre-bid meeting

PART V: Offer Assistance in Securing Financing, Insurance, or Competitive Supplier Pricing

Points: _____

Please provide documentation and supporting evidence to show how the criteria was fulfilled.

10 points possible:

- Provide easy access to plans and specifications for S/M/WBEs
- Provide competitive pricing
- Make efforts to assist interested business in obtaining financing, bonds, and insurance required for the County project/bid
 - Provide written documentation of the type of assistance offered
 - Company name, contact person and telephone number
 - Name of person who provided the assistance
- Provide the name, contact person, contact information the competitive pricing offered by the Supplier.
- Other efforts (if any, list below)

CONTRACTORS/CONSULTANTS MUST OBTAIN A TOTAL OF **80 OR MORE POINTS** TO RECEIVE A WAIVER APPROVAL. CONTRACTORS/CONSULTANTS WILL BE CONSIDERED NON-RESPONSIVE TO THE ENTIRE SOLICITATION UPON DENIAL OF THE SUBCONTRACTING WAIVER REQUEST. FOR MORE INFORMATION OF THE SUBCONTRACTING WAIVER CRITERIA OR FOR ASSISTANCE ON COMPLETING THE SUBCONTRACTING WAIVER REQUEST FORM, PLEASE CONTACT THE OFFICE OF EQUAL BUSINESS OPPORTUNITY AT (561) 616-6840.

THE UNDERSIGNED AFFIRMS/CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS FORM IS ACCURATE AND COMPLETE; I UNDERSTAND THAT IF THIS REQUEST FOR WAIVER IS DENIED AND I FAIL TO MEET THE REQUIREMENTS OF THIS SOLICITATION, MY RESPONSE TO THIS SOLICITATION WILL BE DEEMED NON-RESPONSIVE TO THE ENTIRE SOLICITATION.

Signature

Print Name/Title

___ Approved

___ Denied

TOTAL SCORE: _____/100

Director, Office of Equal Business Opportunity